

TAPAOAN v. CAYETANO SETTLEMENT FUND
 Civil No. 01-00815, United States District Court for Hawaii

Claims Administrator, P.O. Box 3373, Honolulu, Hawaii 96801 // claims@hawaii.rr.com

CLASS ACTION CLAIM FORM

see attached Notice of Class Action and Proposed Settlement
 (You must complete, sign and submit both sides of this claim form)

My current name and mailing address is: _____

Yes, I wish to make a claim against the State of Hawaii because, sometime between December 10, 1999 and December 2, 2002, I was:

(1) held past 11:59 p.m. by the Department of Public Safety (at one or more of the following eight facilities: the Oahu, the Hawai'i, the Kaua'i, or the Maui Community Correctional Centers, or the Wai'awa Correctional Facility, the Halawa Correctional Facility, the Women's Community Correctional Center, or the Kulani Correctional Facility) on the day I was entitled to be released because of my acquittal, because of the dismissal of charges against me, because I had already completed my sentence, or because of other court order, and/or because I was

(2) subjected to a strip search or a visual body cavity search following my acquittal or the dismissal of charges against me.

[For more information see 2nd Amended Notice of Class Action and Settlement and/or the Settlement Agreement referenced therein and on file with this Court.]

I understand that any entitlement I may have under this Court Settlement Fund will be determined solely from records of the State of Hawaii, Department of Public Safety, and from information which I place on this submitted Claim Form. I understand that by filing this Claim, I do hereby release, and agree to the dismissal of, all claims that I may have against any of the Defendants in this legal case for my over-detention(s) and for any illegal search(es) of my person, during the time frame set forth above; and I hereby waive any and all rights to pursue or commence any other action or proceedings or to file any complaint, that I may have against of the Defendants in this legal case for any such overdetention(s) and for any such illegal search(es) of my person. The monies I may receive in this Settlement as determined by the Claims Administrator and approved by this Court are the only compensation and settlement that I can and will receive for these claims.

Please enter all information requested below:

Telephone number: () _____
 area code + number

Date of Birth: _____
 mm/dd/yyyy

My Social Security Number (SSN) or

IRS Individual Taxpayer Identification Number (TIN) is: _____

My State SID number is: _____

Other names or aliases I used (if any) between December 10, 1999 through December 2, 2002:
 [And which may be in the State of Hawaii records of my detention(s)]

You must return this claim form so that it is mailed with a postmark no later than June 2, 2006 in order to share in the Settlement Fund. Do not delay. If you do not return this form by June 2, 2006, you will receive no money from this settlement fund.

(Turn over and complete other side)

EXHIBIT A

Yes, I do qualify and I here make a Claim against the State of Hawaii in the *Tapaoan vs. Cayetano* Settlement Fund:

Check applicable box(es) and fill in blank information:

I was over detained. I was detained at _____ for approximately _____ days
 Facility name _____ # of days _____
 after I should have been released on _____ . I was actually released on _____ .
 date date
 and/or

I was subjected to an improper strip search or a visual body cavity search (see definition on other side of this claim form and in the attached Notice of Class Action Settlement). I was improperly searched following (check one):
 my acquittal on _____, or
 date
 dismissal of charges on _____ .
 date

By signing this form below, I am confirming that the above information is correct and that:

1. I am the person identified on the reverse side of this form,
2. I am over the age of 18,
3. I agree to abide by, and be limited to, the formula for damages approved by the Court, and
4. I agree to keep the Claims Administrator informed of my current address at all times.

By submitting this Claim Form, I agree to be bound by the determinations of the Claims Administrator as to the amount of money, if any, to which I am entitled, as may be approved by the U.S. Federal District Court; I waive any right to appeal; and I waive any cause of action against the Claims Administrator for negligence or gross negligence relating to administration and distribution of the Class Fund.

I declare under penalty of perjury under the laws of the State of Hawai'i that the information given above is true and correct.

Date: _____ Signature: _____

[For more information see the attached Notice of Class Action and Proposed Settlement and/or the Settlement Agreement referenced therein and on file with this Federal Court]

f The information given here is private, and will be held in strictest confidence. If you have any questions about this lawsuit, write to: Claims Administrator, P.O. Box 3373, Honolulu, Hawaii 96801 or contact him by email at claims@hawaii.rr.com.

THIS CLAIM MUST BE SIGNED AND POSTMARKED NO LATER THAN November 30, 2005.

(Turn over and complete other side)